

ENROLLMENT FORM
ING Custom Choice
457 Deferred Compensation Plan

In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

Participant Information (please type or print clearly)

Employer Name CITY OF FLAGSTAFF ARIZONA		Billing Group Number VK2014
Name (first, middle initial, last)	Social Security Number - -	[] Male [] Female
Address (No. & Street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town State Zip Code	Number of Dependents	Marital Status [] Married [] Single
Email Address	Estimated Annual Income \$	Expected Retirement Age
Home Telephone No. ()	Work Telephone No. ()	Occupation/Job Title

Financial Disclosure (please provide estimates) This section is to be completed by Representatives registered with ING Financial Advisers, LLC only.

Annual Household Income [] <\$25,000 [] \$25,000 - \$49,999 [] \$50,000 - \$99,999 [] >\$100,000	
Net Worth (excluding primary residence) [] <\$25,000 [] \$25,000 - \$49,999 [] \$50,000 - \$99,999 [] \$100,000 - \$250,000 [] >\$250,000	
What is your level of investment experience? [] Low [] Medium [] High	
How would you categorize yourself as an investor? [] Aggressive [] Moderately Aggressive [] Moderate [] Moderately Conservative [] Conservative	
What are your life insurance and investment holdings? Face Amount of Life Insurance [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Securities [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Cash [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000 Other investments [] <\$25,000 [] \$25,000-\$49,999 [] \$50,000-\$99,999 [] \$100,000-\$250,000 [] >\$250,000	
When will you begin using your retirement account? [] >20 Years [] >10 Years [] >5 Years [] <5 Years	Estimated percent of retirement income from this investment? [] <25% [] 25-50% [] 50-75% [] >75%
Account Investment Objective(s) [] Capital Preservation [] Income [] Growth & Income [] Growth [] Aggressive Growth [] Speculative	
Why is an annuity or funding agreement being purchased? (Check all that apply.) [] Primary retirement income [] Supplementary retirement income [] Annuitization feature [] Payroll deduct asset accumulation	

Please complete this form and return it to your Agent.

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Wise DC: Enrollment \ Enrollment

Participant Name (first, middle initial, last)

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Financial Disclosure(Cont.)

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- ☐ This is the only investment available through my employer's defined contribution plan
- ☐ Guaranteed minimum interest rate
- ☐ Income options
- ☐ Systematic withdrawals
- ☐ Competitive interest rates, fees and/or charges
- ☐ Ongoing service in connection with the annuity or funding agreement and its features
- ☐ Benefits and riders
- ☐ None of the above

After purchasing this product, will you have sufficient liquidity to meet current financial needs?

- ☐ Yes ☐ No

Agent Note (please attach separate page for additional comments)

Arizona Free Look and Disclosure Information

Upon written request, we will provide the Contract Holder with information concerning benefits and provisions of the Contract. The Contract Holder may cancel the Contract within 10 calendar days of receiving it (30 calendar days if the Contract Holder is 65 years of age or older on the date of application for this Contract). Simply return the Contract along with a written request to the Company at the address shown below or to the agent from whom it was purchased. Within 7 calendar days of receiving the cancellation request at its Home Office, the Company will return any Contributions received.

Replacement Information

Do you have existing individual annuity contracts or individual life insurance policies? ☐ Yes ☐ No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts? ☐ Yes ☐ No

If yes, provide carrier name and account number:

Carrier _____ Account No. _____

If this is an exchange from an existing variable annuity, which of the following are true? (Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Will benefit from product enhancements and improvements. | <input type="checkbox"/> Will be subject to a new surrender period. |
| <input type="checkbox"/> Will lose existing benefits. | <input type="checkbox"/> Will be subject to increased fees or charges. |
| <input type="checkbox"/> Will incur a surrender charge on the existing contract. | <input type="checkbox"/> Will be subject to decreased fees or charges. |
| <input type="checkbox"/> Has had another deferred variable annuity exchange within the past 36 months. | <input type="checkbox"/> New contributions only, current provider no longer available. |

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- -

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Investment Options

Investment options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 18 investment options may be used at any one time; however certain additional restrictions may apply. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

Employee**Stability of Principal**

ING Fixed Account - 457/401 (043) _____ %

Bonds

ING Oppenheimer Strat Inc Port-Svc (596) _____ %

ING PIMCO Total Return Port - Svc (439) _____ %

Pioneer High Yield Fund - Class A (948) _____ %

Asset Allocation

ING Solution 2015 Portfolio - Init (746) _____ %

ING Solution 2025 Portfolio - Init (790) _____ %

ING Solution 2035 Portfolio - Init (761) _____ %

ING Solution 2045 Portfolio - Init (764) _____ %

ING Solution Income Portfolio - Init (767) _____ %

Balanced

American Balanced Fund - R-3 (341) _____ %

ING MFS Total Return Portfolio-Svc (616) _____ %

Large Cap Value

DWS Equity 500 Index Fd - S (550) _____ %

ING Van Kampen Comstock Port - Svc (437) _____ %

Washington Mutual Investors Fund-R3 (482) _____ %

Large Cap Growth

Fidelity VIP Contrafund Port - Init (133) _____ %

ING T. Rowe Price Grwth Eq Port -Svc (251) _____ %

The Growth Fund of America - R3 (487) _____ %

Small/Mid/Specialty

Franklin Sm Cap Val Sec Fd - 2 (073) _____ %

ING Baron Small Cap Growth Port- Svc (436) _____ %

ING Index Plus MidCap Fund - I (289) _____ %

ING Index Plus SmallCap Fund - I (021) _____ %

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83411 (04/08)

VK2014

ING Life Insurance
and Annuity CompanyPO Box 990063
Hartford, CT 06199-0063

Participant Name (first, middle initial, last)

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Employee

ING JPMorgan Mid Cap Val Port - Svc (435) _____ %

Wanger Select (820) _____ %

Global / International

EuroPacific Growth Fund - Class R3 (496) _____ %

ING Oppenheimer Global Port - Svc (438) _____ %

Total 100%

Employee

Complete the contribution percentages, in whole numbers, to total 100%.

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Account Information

Frequency ER EE	Contribution ER \$ EE \$	Effective Date ER / / EE / /
Single Contribution Amount \$	No. of skips	Skip Date / /

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity Name (print)	Office Code	Rep. No.	%Participation

Anti-Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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Participant Certification

I acknowledge receipt of participant information booklet number _____, as well as current prospectuses or investment option summaries for all available investment options under the Plan.

I understand that my employer's plan offers multiple investment options. One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or a funding agreement issued by ING Life Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral of taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59 1/2; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I acknowledge that the information provided is complete and accurate and that any changes have been initialed by me. I further certify that the Company is entitled to rely exclusively on information provided on this form.

Participant's Authorized Signature

Participant's Signature

City and State Where Signed

Date (mm/dd/yyyy)

/ /

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Registered Representative's Certification and Signature

Broker/Dealer Affiliation (If not registered with ING Financial Advisers, LLC, please indicate name of other Broker/Dealer): ☐ ING-FA ☐ Other Broker/Dealer

Other Broker/Dealer Name: _____

Does the participant have an existing Annuity or Life Insurance Contract? ☐ Yes ☐ No

(If "yes", a replacement form must be completed only for 403(b) plans where ING is not the exclusive provider.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? ☐ Yes ☐ No

Does this employee benefit plan offer multiple annuities? ☐ Yes ☐ No

Does this employee benefit plan offer mutual funds? ☐ Yes ☐ No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I certify that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)

Registered Representative's Signature

Date (mm/dd/yyyy)

/ /

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